Procurement Form 2

Request for Quotation (Contact at least five (5) vendors, two (2) of which are state certified MBE=s.)

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To (Name & Address of	of Vendor/Consultant):		From (Name &	Address of Grantee	/Purchasing Agent):
Date:					
The City/Town of is seeking (Description of Services)					
The procurement of the	hese products/service	s is required for the	implementation	of a (Typ	oe of Project)
If interested, you are	asked to fill in the bel	ow information and	submit it back to	o me by	(Date)
Should you have any questions, please feel free to contact me at (Phone Number, Ext.)					
Item/Service (Completed by Grantee)	Quantity (Completed by Grantee)	Description (Completed by Grantee)		Unit Price (Completed by Vendor	Total Amount (Completed by Vendor)
Additional Informat	ion:				
Additional Informat	ion:				
Additional Informat	ion:				
Additional Informat	ion:				
Additional Informat	ion:				